

# OHIO – District 8

## CHRONIC HEPATITIS<sup>1</sup>

District Population: 659,944  
 HCV Infection in Constituents: 10,559  
 HCV Infection in Baby Boomers 7,043  
 HCV Infection in Caucasians: 8,855  
 HCV Infection in African Americans: 1,190  
 HCV Infection in API: 336  
 HCV Infection in Latinos: 234  
 HBV Infection in Constituents: 2,640  
 HBV Infection in African Americans: 397  
 HBV Infection in API: 1,345  
 HBV Infection in Latinos: 54  
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## DRUG RELATED DEATHS<sup>2</sup>



## STATE OPIOID POLICIES<sup>2</sup>

Opioid Policy Provision	Status
Syringe Exchange Program Legality	Legal
Prescribers required to check a prescription drug monitoring program before prescribing controlled substances	Required
Jurisdictions submitted request for CDC Consultation demonstrating high risk of HCV or HIV outbreak due to drug use	Individual counties have completed CDC consultation

## STATE HCV MEDICAID POLICIES<sup>2</sup>

HCV Medicaid Policy Provision	Status
Liver damage restrictions	Fee-For-Service (FFS) requires at least moderate liver damage (F2 or greater). Two Managed Care Organizations (MCOs), CareSource and Paramount Advantage, also require at least moderate liver damage (F2 or greater). Two MCOs, Molina Healthcare of Ohio and UnitedHealthcare Community Plan, require severe liver damage (F3 or greater). One MCO, Buckeye Health Plan, has unclear liver damage requirements.
Sobriety restrictions	FFS requires six months sobriety from alcohol and substance use prior to requesting prior authorization. Three MCOs, Buckeye Health Plan, Molina Healthcare of Ohio and Paramount Advantage, also require six months sobriety. One MCO, CareSource, requires three months consecutive abstinence documented by negative urine drug and alcohol screens. One MCO, UnitedHealthcare Community Plan, requires a negative drug screen within the last 30 days.

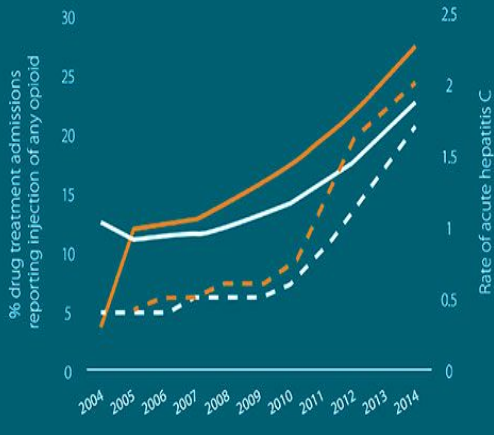
Source:

1. Caring Ambassadors Program, [www.hepcchallenge.org](http://www.hepcchallenge.org)

2. amfAR, 2018;

Hepatitis C: State of Medicaid Access, 2017

## HEPATITIS C AND OPIOID INJECTION ROSE DRAMATICALLY IN YOUNGER AMERICANS FROM 2004-2014



- Among people aged 18-29, HCV increased by 400% and admission for opioid injection by 622%
- Among people aged 30-39, HCV increased by 325% and admission for opioid injection by 83%

— Any Opioid Injection (18-29)  
 — Any Opioid Injection (30-39)  
 - - - HCV Rate (18-29)  
 - - - HCV Rate (30-39)

Source: Centers for Disease Control and Prevention and Substance Abuse and Mental Health Services Administration

*“Hepatitis C is a deadly, common, and often invisible result of America’s opioid crisis,” said Jonathan Mermin, M.D., M.P.H., director of CDC’s National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. “By testing people who inject drugs for hepatitis C infection, treating those who test positive, and preventing new transmissions, we can mitigate some of the effects of the nation’s devastating opioid crisis and save lives.”*

## TREATMENT AND PREVENTION SERVICES<sup>2</sup>

Treatment and Prevention Services <sup>2</sup>	District	State
Syringe Exchange Programs	0	7
Facilities providing substance abuse services	17	357

## HEALTHCARE ACCESS<sup>2</sup>

Healthcare Access	District	State
Percent of People without Health Insurance	7.9	8.5
Percent Needing but Not Receiving Addiction Treatment	84.7	86.1
Number of 30 Days Supply of Opioids per Part D Enrollee	1.9	2.1
Opioids prescribed per capita, in morphine mg equivalents (MME)	665.4	640.6